

For BPD or FRB use only:

Customer Name

Customer No.

PD F 4000 E
Department of the Treasury
Bureau of the Public Debt
(Revised June 2000)

REQUEST TO REISSUE UNITED STATES SAVINGS BONDS
(ADD BENEFICIARY OR COOWNER, REMOVE BENEFICIARY OR DECEDENT, SHOW CHANGE OF
NAME, AND/OR CORRECT ERROR IN REGISTRATION)

OMB No. 1535-0023

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious or fraudulent claim or statement to the United States is a crime punishable by imprisonment of not more than five years or a fine up to \$250,000, or both, under 18 U.S.C. §287, 18 U.S.C. §1001, and 18 U.S.C. §3571. Additionally, 31 U.S.C. §3729 provides for civil penalties for the maker of a false or fraudulent claim to the United States of an amount not less than \$5,000 and not more than \$10,000, plus treble the amount of the Government's damages as an additional sanction.

PRINT IN INK OR TYPE ALL INFORMATION

1. I request reissue of the bonds described below, in the amount of \$ _____ (total face amount).

ISSUE DATE	FACE AMOUNT	BOND NUMBER	REGISTRATION (Social security number and names, including middle names or initials, on the bonds)

(If you need more space to describe your bonds, use page 4.)

2. Reissue is requested to: (Check all that apply.)

- a. Add a coowner or beneficiary
- b. Change present beneficiary to coowner.
- c. Remove the name of a living beneficiary and issue the bonds in either single ownership form or with another person as coowner or beneficiary. (For Series E or H bonds, the present beneficiary must sign.)
- d. Remove the name of a deceased registrant and issue the bonds in either single ownership form or with another person as coowner or beneficiary. (For Series E or H bonds, furnish proof of death. For Series EE or HH bonds, furnish proof of death of owner or coowner.)
- e. Show change of name by: marriage divorce court order naturalization other
Explain _____
- f. Correct error in registration.
(1) Who purchased the bonds? _____
(2) Whose funds were used? _____
(3) How did the error occur? _____

3. Registration for new bonds:

(Social Security Number)

(First Name, Middle Name or Initial, Last Name)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

To name a coowner or beneficiary,
complete the following:

coowner
beneficiary (POD) }

(First Name, Middle Name or Initial, Last Name)

4. Delivery instructions, if
different from above:

(Name)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

5. Under penalty of perjury, I certify the number shown on the form is my correct taxpayer identification number. If Series HH/H bonds are involved, I certify that I am not subject to backup withholding either (i) because I have not been notified that I am subject to backup withholding (as a result of a failure to report all interest or dividends), or (ii) because I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding. (See **Backup tax withholding** in the instructions.)

Sign in ink in the presence of an authorized certifying officer.
(See **Item 5** in the instructions for who must sign.)

<hr/> (Signature)	<hr/> (Signature)
<hr/> (Print Name)	<hr/> (Print Name)
<hr/> (Number and Street or Rural Route)	<hr/> (Number and Street or Rural Route)
<hr/> (City) (State) (Zip)	<hr/> (City) (State) (Zip)
<hr/> (Social Security Number)	<hr/> (Social Security Number)
<hr/> (Email Address)	<hr/> (Email Address)
<hr/> (Daytime Telephone Number)	<hr/> (Daytime Telephone Number)

The certification portion must be completed.

<p>I CERTIFY that _____ whose identity is well-known or proved to me, personally appeared before me this _____ day of _____ , _____, at _____ , (Year) (City) (State) and signed this form.</p> <p>_____ (Signature of certifying officer)</p> <p>(OFFICIAL STAMP OR SEAL) _____ (Title of certifying officer)</p> <p>_____ (Address)</p>	<p>I CERTIFY that _____ whose identity is well-known or proved to me, personally appeared before me this _____ day of _____ , _____, at _____ , (Year) (City) (State) and signed this form.</p> <p>_____ (Signature of certifying officer)</p> <p>(OFFICIAL STAMP OR SEAL) _____ (Title of certifying officer)</p> <p>_____ (Address)</p>
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Reserved for Identification Notations

Customer Account Number and Date Established: _____	Customer Account Number and Date Established: _____
Identified by: _____	Identified by: _____
Documents – Descriptions: _____	Documents – Descriptions: _____

PD F 4000 “At a Glance”

Use of Form

- Complete this form to reissue Series EE, E, HH, and H United States Savings Bonds, Retirement Plan Bonds, and Individual Retirement Bonds for the reasons listed on Page 1, Items 2(a-f). A separate form must be used for each new form of registration.
- To request payment, you should sign the backs of the bonds instead of this form.
- A minor of sufficient age and competency to sign the request and to understand the nature of the transaction may request reissue of the bonds.
- A minor under legal guardianship may **not** request reissue.
- An incompetent owner, coowner or beneficiary may **not** request reissue.

Specific Instructions

- Item 1.** Describe the bonds to be reissued.
- Item 2.** Show reason for reissue.
- Item 3.** Provide new registration for the bonds. If Items 2(a-e) are checked, the present owner or the surviving registrant must be named first in the registration of the new bonds.
- Item 4.** Provide mailing instructions.
- Item 5.** Sign the form.

If you checked:

Who signs:

Evidence required:

Item 2a or 2b

the owner must sign.

n/a

Item 2c

the owner must sign. For Series E or H bonds, the beneficiary must also sign.

n/a

Item 2d

the surviving registrant must sign.

Death certificate (copy certified under seal of the state or local registrar having custody of the records)

Item 2e

the person whose name has changed must sign.

Change of name other than by marriage - Complete the statement in Item 2e to show how change of name was authorized.

Documentary evidence, properly certified, may be required in any appropriate case.

Item 2f

the purchaser must sign. If the purchaser and the person whose funds were used to purchase the bonds are not the same, both must sign.

n/a

Certification

Person who signs form

You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the request in the presence of the officer. Authorized certifying officers are available at banking institutions in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530, and Public Debt Series No. 3-80.

Certifying officer

Place an adequate notation on Page 2 of this form, or on a separate record, showing exactly how identification was established. Impress or imprint the seal or stamp which is used when certifying requests for payment.

Backup tax withholding

You must cross out the last clause above the signature line in Item 5 if you have been notified by the I.R.S. under 26 CFR Ch. I, Part 35a. 9999-1 that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Where to send

You should send the PD F 4000 and the bonds, as well as any other appropriate forms and evidence, to the Savings Bond Processing Site nearest you. The five Savings Bond Processing Sites are:

Buffalo Branch, FRB of New York
Savings Bond Examinations Section
PO Box 961
Buffalo NY 14240-0961

FRB of Minneapolis
Savings Bond Services
PO Box 214
Minneapolis MN 55480-0214

FRB of Cleveland
Pittsburgh Branch
PO Box 299
Pittsburgh PA 15230-0299

FRB of Kansas City
PO Box 419440
Kansas City MO 64141-6440

FRB of Richmond
PO Box 85053
Richmond VA 23285-5053

DESCRIBE ADDITIONAL BONDS BELOW

ISSUE DATE	FACE AMOUNT	BOND NUMBER	REGISTRATION (Social security number and names, including middle names or initials, on the bonds)

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. §6109).

The purpose for requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act (5 USC §552a). This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the correct address shown in the instructions.